

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: UL000018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2009
NAME OF PROVIDER OR SUPPLIER UNLICENSED AT 5947 ST MARYS STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 5947 ST MARYS STREET BALTIMORE, MD 21207		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	<p>Initial Comments</p> <p>On August 28, 2009, a follow-up complaint investigation was conducted because no plan of correction was ever received from a visit conducted on 5/7/09. There was a for sale sign on the front lawn, and the grass was over grown. No one responded to knocks on the door. A neighbor was interviewed and stated that the people that lived there moved out three weeks ago. The home is no longer operating as an unlicensed facility.</p>	E 000		

OHCQ

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE